| Uni                         | TED STATES DISTRICT COURT OF NEW YORK CV 12   | 4165                           |  |
|-----------------------------|---|--------------------------------|--|
| <u> </u>                    | lelvin Jenkins  |                                |  |
| $-6^{\circ}$                | 18 Lexington AUE  | ODICINIAL                      |  |
|                             | COKIYN N.Y. 11221   | ORIGINAL                       |  |
| (In the                     | space above enter the full name(s) of the plaintiff(s).)  |                                |  |
|                             | -against-   | COMPLAINT                      |  |
| -Au                         | JX Jergeant Lomax Elder  Jury  Kharles Richardson  Jonaul Ladson RLOOM, M.  JAROID TOIL   | Trial: Ves 🗆 No<br>(check one) |  |
|                             | Vaughan Ettienne<br>Dew York City   | AUG 2 () 2012                  |  |
| -                           |   | PRO SE OFFICE                  |  |
| cannot please v<br>sheet of | space above enter the full name(s) of the defendant(s). If you fit the names of all of the defendants in the space provided, write "see attached" in the space above and attach an additional paper with the full list of names. The names listed in the above must be identical to those contained in Part I. Addresses should |                                |  |
| not be i                    | ncluded here.)  |                                |  |
| I.                          | Parties in this complaint:  |                                |  |
| Α.                          | List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.   |                                |  |
| Plaintif                    |   |                                |  |
|                             | Street Address 638 Lexington AUE County, City Brooklyn  |                                |  |
|                             | State & Zip Code New York 11221   |                                |  |
|                             | Telephone Number $347 - 280 - 7369 \sim 718 - 57$   | 74-5006                        |  |
| В.                          | List all defendants. You should state the full name of the defenda government agency, an organization, a corporation, or an individual. defendant may be served. Make sure that the defendant(s) listed below   | Include the address where each |  |

in the above caption. Attach additional sheets of paper as necessary.

|                 | ndant No. 1   | Name   Omax Elder Shield# 1582  |
|-----------------|---|---|
| •               | The state of the second                                 | Street Address 81 PC+ Ralph AUE   |
|                 |   | County, City King, Brocklyn   |
|                 |   | State & Zip Code New York 11721   |
|                 |   | Telephone Number  |
|                 | •   |   |
| Defen           | dant No. 2  | Name Charles Richardson Shield # 12478  |
|                 |   | Street Address 81 PC+ RCION AVE   |
|                 |   | County, City Kins Brooklyn  |
|                 |   | State & Zip Code New York ' 1/62/   |
|                 |   | Telephone Number  |
| Defen           | dant No. 3  | Name Jonaul Ladson  |
|                 |   | Street Address 81 PC+ Ralph AVE   |
|                 |   | County, City King, Brooklyn   |
|                 |   | State & Zip Code New York   |
|                 |   | Telephone Number  |
|                 |   |   |
| Defendant No. 4 |   | Name Voughn Ettienne Shield#29839   |
|                 |   | Street Address 81 PC+ Ralph AUE   |
|                 |   | County, City King, Brooklyn   |
|                 |   | State & Zip Code New York 11221   |
|                 |   | Telephone Number  |
| II.             | Basis for Juri  | sdiction.   |
|                 |   |   |
| § 1331<br>Under | ng a tederal qu<br>, a case involvii<br>28 U.S.C. § 13; | rts of limited jurisdiction. Only two types of cases can be heard in federal court: cases estion and cases involving diversity of citizenship of the parties. Under 28 U.S.C. ng the United States Constitution or federal laws or treaties is a federal question case. 32, a case in which a citizen of one state sues a citizen of another state and the amount in \$75,000 is a diversity of citizenship case. |
| A.              | What is the bas   | sis for federal court jurisdiction? (check all that apply)  |
|                 | Federal Qu  |   |
| В.              | If the basis for  | jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right  |
|                 | is at issue?  | Civil Rights Violations   |
|                 | <del></del>   |   |
| ~               | TC 1 1 2 C  |   |
| C.              |   | jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?   |
|                 |   | e(s) of citizenship   |
|                 | Defendant(s) st   | ate(s) of citizenship   |
|                 |   |   |

Rev. 05/2010

Defendant No. 5

| Name Harold Toll     | Shield#          |
|----------------------|------------------|
|                      | 81 PCt Ralph AVE |
| Address              |                  |
| State & zip Code New | York 11221       |
| County, City King,   |                  |

## III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? In front of 277

  Stuyvesant AUE, Brooklyn N.Y. 11221
- B. What date and approximate time did the events giving rise to your claim(s) occur? <u>It occur</u> on 12/12/10 at 9:50 am

What happened to you? C.

÷

Who did what?

Was anyone else involved?

Who else saw what happened?

ary office in their official vehicle Stuvvesan aoine south at their breakfast move their move, they blocked their vehicle try own hest thev all rame out of their vehicle behind me, at one point Aux ladson but hitting my side just missing my head Jefferson sidewalk to get away Chasing me, I couldent stop because inally was stopped by P.O. Ettienne, then tienne put handcuff on me, at this he saw me put something

## IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. after I was thrown to the ground with handcuff on hittens my Shoulder Right and my elbow Right I was refuse medical treatment by P.O. Ettienne, he then went into my carring has pull out some advil, and said that is all I am getting. I took the advil to stop the pain in my Right Shoulder and elbow but it started pain in my stomach.

Facts Case 1:12-cv-04165-RRM-LB Document 1 Filed 08/20/12 Page 5 of 7 PageID #: 5

P.O. Ettienne with Aux Elder threw me to the ground, still in handcuff I hit the ground landing on my right Shoulder and elbow cause me pain the next thing I new aux ladson, Richardson come and Started hitting and Richardson put his knee in my back,. Between aux ladson and Elder I felt blows to my head area. At this time P.O. Ettienne had picked up my carring bag and ask me what was in it, I told him not to ask me no question I have right he said, I don't have any right.

who else Lisa Darns happened

Saw and heard all the vehicle blowing their horn, and Saw the vehicle being block.
And saw aux ladson swing his batan at me.

some people in their vehicle call 911 to report what was happening.

also P.O. Ettienne claim he recovered three . 38 caliber Cartridges from my Pocket, when he recovered them from the van.

| V. Relief:   |                                |   |
|--|--------------------------------|---|
| State what you want the Cou  | ert to do for you and th       | ne amount of monetary compensation, if any, you are                                   |
| weeking, and the basis for such  | n compensation. $+$            | am seeking in the amount  |
| - CISMI MUNCI  | redo hitto the                 | musund Pallage  |
| For lost of Job  | , time in Tai                  | 1, going to court, pain + 1   |
|  | icai mentai                    | anase, the east Calate is in  |
| · misleading statm   | ent by the di                  | strict attorney office, of Kings  |
| county, the ma   | licious prosect                | ution, using fairy tales,   |
| Tening the grand   | Jury the a                     | uxiliary office are Peace office  |
| and police office,   | 1, saying they                 | were doing a Lawful Duty  |
| blocking traffice  | so they could                  | eat their breakfast, maliciou   |
| It just the start  | of it.                         |   |
| misleading Media   | cal Records o                  | f injury to Auxiliary offices   |
| misleading about   | t damage to                    | cars and fence  |
|  |                                |   |
|  |                                |   |
| I declare under penalty of personal declare under penalty of pe |                                | Molvin Jenkins 638 Lexington AUE Brooklyn NY. 11221                                   |
|  | Telephone Number               | 347-280-7369 + 718-574-5066   |
| •  | Fax Number (if you ha          |   |
| For Prisoners:   | e numbers, present prac        | aint must date and sign the complaint. Prisoners must ce of confinement, and address. |
| omplaint to prison authorities to Astem District of New York.  | to be mailed to the <i>Pro</i> | y of, 20, I am delivering this Se Office of the United States District Court for the  |
|  |                                |   |
| ,  | Signature of Plaintiff:        |   |

